



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/08/2005

Business ID: 136131

William M. Gardner

Secretary of State

SKYTRAX, INC.

17 MAIN ST, PO BOX 360

WILTON, NH 03086

ADDRESS OF PRINCIPAL OFFICE:

17 MAIN ST, PO BOX 360

WILTON, NH 03086

REGISTERED AGENT AND OFFICE:

C WILSON SULLIVAN ESQ

17 MAIN ST PO BOX 360

WILTON, NH 03086

ENTITY TYPE: CORPORATION

BUSINESS ID: 136131

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020426665

DESIGN, DEVELOP, MANUFACTURE, & SELL STUNT KITES;
DEMONSTRATIONS & COMPETIT.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Jerry W. Greene
STREET
CITY/STATE/ZIP P.O. Box 669
NAME Wilton, NH 03086
STREET C. Wilson Sullivan
CITY/STATE/ZIP P.O. Box 360
NAME Wilton, NH 03086
STREET Joanne Tomy
CITY/STATE/ZIP P.O. Box 669
NAME Wilton, NH 03086
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Jerry W. Greene
STREET
CITY/STATE/ZIP P.O. Box 669
NAME Wilton, NH 03086
STREET Joanne Tomy
CITY/STATE/ZIP P.O. Box 669
NAME Wilton, NH 03086
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

C. Wilson Sullivan

Secretary TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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